

BAY RIDGE AQUATICS INSTITUTE, INC (BRAINS)

Adult Learn To Swim Registration Form (Proof of COVID Vaccination Required)

Name _____ DOB: _____

Address _____

Phone numbers (home, business, cell, Email address) _____

Medical Conditions (if any) _____

Emergency contact/ Email _____

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Please note: The FHHS pool is a competition pool, not a bathing pool – water temperature is cool. *Maintenance of the FHHS pool facility is managed by the school custodian and is not, in any way, under the control of the Bay Ridge Aquatics Institute, Inc.*
BRAINS does not offer refunds for variations in temperature or condition of the water or facility.

Special COVID Rules: While the current COVID rules for DOE facilities remain in effect, **ONLY registered, vaccinated participants** showing the required health screening to the School Safety Agent on duty will be allowed to enter the building. **NO** spectators will be allowed to enter.

All refunds are subject to a \$25 processing fee. All returned checks are subject to a \$35 fee.

Cancellations:

Since our instructors, security and permit fees must be paid whether classes are attended or not, **BRAINS does not offer make-up classes, credits or refunds for any classes you may miss.**

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This activity is not sponsored nor endorsed by the New York City Department of Education. The views and opinions expressed by the sponsoring organization or its participants do not necessarily state or reflect those of the New York City Department of Education.
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Signature _____ Date _____

(For Office Use Only) Proof of COVID Vaccination Confirmed by BRAINS _____